

New Leader Program Application Package

(To Be Completed by the Applicant)

Name	
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Home Address		Work Address	

Work Phone		Work Fax	
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Home Phone		E-mail	
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Title		Series		Grade	
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Social Security Number			
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Education	HS		AA		BA/BS		Masters		Ph.D	
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Years of Government Service	
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Immediate Supervisor's Name	
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Supervisor's Title		Supervisor's Mailing Address	
Supervisor's Telephone Number			

Supervisor's E-mail Address	
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Agency Program Coordinator	
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Agency Program Coordinator's Telephone Number	Agency Mailing Address	
Agency Program Coordinator's Fax Number		

Agency Program Coordinator's E-mail Address	
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Purpose for Applying
(To Be Completed by the Applicant)

Part A: Please state your purpose for applying. How will your participation in the New Leader Program support your career goals?

Evaluation of Performance
(To Be Completed by the Supervisor)

Narrative Evaluation of the Applicant's Performance: Please provide a written narrative of the applicant's current performance.

Supervisor's Signature	
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Supervisor's Title and Telephone Number	
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